



Municipality of Bauline
 2 Brook Path
 Bauline, NL A1K 1E9
 Phone: (709) 335-2483
 Fax: (709) 335-2053
 E-Mail: baulinetowncouncil@nf.aibn.com
 Website: townofbauline.ca

VENDER PERMIT APPLICATION

Owner(s) Name(s):			
Current address of Owner(s):			
City:	Province:	Postal Code:	
Date of Application:	Requested Vending Start Date:	Vending End Date:	
Business Name: (include incorporated name or LTD name also Trade Name if different)			
Authorized Salespersons:	1.		
	2.		
	3.		
	4.		
Term of Vender Permit: (check one)	Daily: <input type="checkbox"/>	Seasonal: <input type="checkbox"/>	Annual: <input type="checkbox"/>
	Hours of Operation:	AM:	PM:
Description of goods or food to be sold:			
Proposed location of business:			
Description of vending vehicle(s) and/or stand(s) (include number):			

NOTE: By submitting the Business Application, the above named applicant hereby declares that all the above information is correct and that they will comply with the Town of Bauline's Municipal By-laws.

Please Print Name	Signature of Applicant